



# Licensing Verification System

1426 Howe Avenue Suite 52  
Sacramento, CA 95825  
www.medbd.ca.gov  
(916) 263-2205

## LICENSING VERIFICATION SYSTEM (LVS) – SUBSCRIPTION SERVICE REQUEST

*For New Subscriptions, Subscription Renewals, Cancellations, or Change(s)*

Subscription Service is:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Change(s)
		Facility Login/Password:		
		<i>Complete the Above Only for Renewals, Cancellations, or Changes</i>		
Name of Organization: →				
Type of Facility: →	<input type="checkbox"/> Hospital	<input type="checkbox"/> HMO	<input type="checkbox"/> IPA	<input type="checkbox"/> Other
Mailing Address: →	Department:			
	Street Address:			
	City/State/Zip:			
Contact Person: →	Name:		Title:	
Telephone/FAX: →	Telephone:		FAX:	
E-mail: →	Email Address:			
<b>Subscription and Subscription Renewal Rate: \$36.00 per year</b>				
Return completed forms and payment to:				
<b>Medical Board of California Licensing Verification System 1426 Howe Avenue, Suite 54 Sacramento, CA 95825 ATTENTION CASHIERING UNIT</b>				
<b>NOTE:</b> Include Part I, II, and Part III for those qualified for 805 with payment. Forms received without payment will be returned to requestor. If you have questions regarding this form or the LVS subscription process call (916) 263-2205 or e-mail to: <a href="mailto:Webmaster@medbd.ca.gov">Webmaster@medbd.ca.gov</a> .				
<b>FOR MEDICAL BOARD USE ONLY</b>				
Business Services Office, Cashiering Unit		File Stamp		Information Systems Branch
Cashier Stamp:				Date Received:
Cashiered By:				Data Updated By:
Date:				Date of Update: